

Child Life Practicum Application

Personal Information

Full Name: _____

Preferred Name: _____

Address: _____

Telephone: _____

Email: _____

Desired Practicum Semester (Example: Summer 2020) _____

Our program is a 6 week program consisting of 16 hours a week, totaling 100 hours. Are you able to commit to this schedule? Yes No (check One)

Education

College/University Name: _____

City, State/Province: _____

Dates Attended: _____

Graduation Date (or expected date): _____

Degree: _____

Major: _____

Minor: _____

Cumulative GPA: _____

College/University Name: _____

City, State/Province: _____

Dates Attended: _____

Graduation Date (or expected date): _____

Degree: _____

Major: _____

Minor: _____

Cumulative GPA: _____

College/University Name: _____

City, State/Province: _____

Dates Attended: _____

Graduation Date (or expected date): _____

Degree: _____

Major: _____

Minor: _____

Cumulative GPA: _____

Experience with Children

Experience with *WELL* children & families (Nanny, counselor, teacher, etc.)

1. Institution: _____

Position: _____

Dates: From _____ to _____

Total Hours Completed: _____

Briefly describe population & responsibilities:

2. Institution: _____

Position: _____

Dates: From _____ to _____

Total Hours Completed: _____

Briefly describe population & responsibilities:

3. Institution: _____

Position: _____

Dates: From _____ to _____

Total Hours Completed: _____

Briefly describe population & responsibilities:

Experience with children & families in a *hospital* setting (volunteering, practicum):

1. Institution: _____
Position: _____
Dates: From _____ to _____
Total Hours Completed: _____
Briefly describe population & responsibilities:

2. Institution: _____
Position: _____
Dates: From _____ to _____
Total Hours Completed: _____
Briefly describe population & responsibilities:

3. Institution: _____
Position: _____
Dates: From _____ to _____
Total Hours Completed: _____
Briefly describe population & responsibilities:

**Experience with children & families in a *non-hospital* setting that apply to Child Life
(Camps for children with chronic illnesses, programs for children with special needs,
bereavement/hospice experiences, etc.)**

1. Institution: _____
Position: _____
Dates: From _____ to _____
Total Hours Completed: _____
Briefly describe population & responsibilities:

2. Institution: _____
Position: _____
Dates: From _____ to _____
Total Hours Completed: _____
Briefly describe population & responsibilities:

3. Institution: _____
Position: _____
Dates: From _____ to _____
Total Hours Completed: _____
Briefly describe population & responsibilities:

Relevant Coursework:

Course Title _____	Grade Earned _____
Course Title _____	Grade Earned _____
Course Title _____	Grade Earned _____
Course Title _____	Grade Earned _____
Course Title _____	Grade Earned _____

Supplemental Questions:

Please submit your typed responses on a separate piece of paper.

1. In your own words, describe your understanding/interpretation of the philosophy of the Child Life profession?
2. Why are you interested in the field of Child Life?
3. What strengths & areas of opportunities do you have when working with children?
4. What are 3 professional development goals that you hope to accomplish during a practicum experience?

Application Checklist Review:

- Completed & signed application form
- Current resume
- An unofficial transcript from each university you have attended
- Two letters of recommendation (advisor, supervisor, child life specialist, etc.)
Letters must be signed.
- Verification of 50 hours experience working with well children (Must be signed & on letterhead, if applicable).
- Verification of 50 hours experience working with children in a hospital setting (Must be signed & on letterhead).
- Typed answers to supplemental questions provided on the application.

Mail in your completed Practicum Application along with all supplemental materials to:

St. Joseph's Children's Hospital
Attn: Brittany Hamilton, MS, CCLS
Practicum Student Coordinator
Child Life Department
3001 W. Dr. Martin Luther King Jr. Blvd.
Tampa, FL 33607